



Washington State Department of
Health
 Agency Affiliated Counselor Credentialing
 PO Box 47877
 Olympia, WA 98504-7877
 360-236-4700

Agency Affiliated Counselor Additional Employment Verification

The agency affiliated counselor who is engaged in counseling and employed by or has an offer of employment by an agency or facility operated, licensed, or certified by Washington State, a federally recognized Indian tribe located within Washington State, or a county is required to submit verification of employment. Please see the [approved agency affiliated lists](#).

I, _____
 Agency or Facility Employer Name

 Agency or Facility Physical Address (Street)

 City State Zip Code

verify that _____
 Agency Affiliated Applicant Name—Type or Print

Check One:

is currently employed

has an offer of employment to begin on: _____ as required by
[WAC 246-810-015](#). mm/dd/yyyy

Title Description:

Give a brief description of your therapeutic orientation, discipline, theory, or technique.

My agency is a county, state agency, federally recognized Indian Tribe located within Washington State or has been recognized by the Secretary of Health to be able to employ agency affiliated counselors. (See [WAC 246-810-016](#) and [WAC 246-810-017](#))

 Signature of employer or designated/authorized employee Date (mm/dd/yyyy)

Send document to the address above.